

AEQUANIMITAS

THE BRAIN TIDE

The vocabulary of the international movement of professionals is replete with words which are themselves evocative. The brain drain, leak, flood, exsanguination, migration, and exodus have all been used. Even I took a modest pride in adding the term "brain drip" to the lexicon when I was promoting Publish-in-Canada Week. We are assured by students of the movement of engineering specialists that the flow is both ways and in the end we gain as many as we lose. I am reluctant to accept that one could extrapolate this finding and apply it to doctors, principally because we are all more conscious of our losses and we tend to discount our gains.

It is good journalese to use the term "brain" to describe the kind of person who is the subject of anxious attention, even though it does ignore the attributes of culture, character, tradition and expertise which are at least as important as intellect and training. Professionals have a scarcity value which enhances their current position, and it may be observed that they were not nearly as popular when the demand for their services was less. To put it at its lowest, nations are very concerned that persons educated at the public expense should not be lost to the country which fostered them. Professionals are regarded as valuable national resources. I understand and sympathize with that attitude. When a native of Afrodevel has had years of undergraduate and postgraduate training in medicine in Canada, financed by the hard-pressed government of his country, I think he should return to repay his debt in service. When he marries a Canadian girl to make himself undeportable and seeks professional endorsement for further years of training, I deplore the maneuver. During the last war I was for some months a member of a board which had to consider applications for Labour Exit Permits which were then required by Canadian doctors to undertake civilian pursuits outside this country. Under the conditions which pertained, the reasons had to be compelling and very few such permits were issued. Despite these views and this experience I would oppose artificial restraints to the free movement of doctors.

These ruminations lead up to a premature and superficial consideration of the action of the Ministry of Health of the United Kingdom in undertaking a reconnaissance of the United States and Canada to seek the views and the experience of British doctors who have come to North America. The appointment of an Interview Board was announced in mid-July in the advertising columns of several British publications, its visit to this continent in October 1967 was projected, and it was stated that the

Board "will be interested to meet British doctors considering a return to medical work in the United Kingdom". The personnel of the Interview Board comprised three members from the Ministry and three from Birmingham. It was in that city in September 1966 that the Honourable Kenneth Robinson had expressed his concern at the losses of doctors, and Birmingham and its University seem to have been a storm centre in the discussions.

I have an old friend who is a member of the Board, and although it was apparent that they desired to avoid the dilution of their impressions by North American views, I did meet each briefly and lunched with three of them. My only contribution was an interpretation of Canadian medical licensure, reciprocal registration and terminology such as Council, College, Fellowship, Certification and Board, which must be very confusing to visitors. I gathered that 200 interviews of an hour's duration had been conducted in four American and three Canadian cities, that much information was gathered, but that few conclusions had yet emerged. I asked if they felt that their sample of 200 was representative, or if the method adopted had predisposed to uncovering the malcontents, the men with a sense of grievance or those inclined to justify themselves to a sympathetic ear. I was assured that the proportion of such persons did not seem high, and I inferred that in many instances the conversation veered from "back to Britain" to "this is why I left." The fact that such a study was undertaken by the Ministry reflects great credit on the intelligence of those in high places. It suggests to me that if the reasons for emigration can be identified, it should not be beyond human resources to correct the causes of the leak and take remedial action. I will be very interested to read the report when the Ministry releases it, because it is likely to contain lessons for us in our endeavour to cope with our own manpower problems.

Canadians, in particular, should be sympathetic to the arrival of newcomers, since few of us are many generations away from landed immigrant status. We are all concerned with the vagaries of the tidal flow. Provinces desire to retain a high proportion of the output of their medical schools, national self-interest dictates that home-grown doctors should constitute the shock troops of our medical force, and we welcome and encourage the settlement of good doctors trained abroad. The factors which influence physician mobility are many and complex, but the opportunity for professional self-fulfilment must be basic both to attraction and retention. Maybe the ebb and flow of professionals will even itself out, but in the present phase of the moon the tide seems to be running strongly in the direction of North America.

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